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APPLICANTS
 Alexander D. Schapira, Montclair, NJ;
 Asha Chandra, Berkeley, NJ;
 Jonathan A. Eiseman, Springfield, NJ;

**** CONTINUING DATA *******

**** FOREIGN APPLICATIONS *******

IF REQUIRED, FOREIGN FILING LICENSE GRANTED
**** 10/06/2000**

Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY NJ	SHEETS DRAWING 4	TOTAL CLAIMS 18	INDEPENDENT CLAIMS 8	
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance					
Verified and Acknowledged	Examiner's Signature _____	Initials _____			

ADDRESS
55497

TITLE
METHOD AND SYSTEM FOR SIMULATION OF ANALOG/DIGITAL INTERFACES WITH ANALOG TRI-STATE IOPUTS

FILING FEE RECEIVED 1240	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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